

Application for Participation

The deadline to submit your application is November 1, 2016

★ TIP: Before filling out this application read through the Leadership Information Packet at: http://ddc.vermont.gov/vtleadershipseries

Name:				
Physical Address:		Daytime Phone:		
		Evening Phone:		
Mailing Address:		Cell phone:		
E-Mail(s):				
Please check the category that fits				
□ I am a person with a developr	mental disability.			
I describe my disability as:				
☐ I am a family member of a person with a developmental disability.				
My family member is:	□ Adult	☐ Child, Age:		
I describe his/her disability	as:			
☐ Other:				

Please answer each question with as much detail as you can so that we can get to know you and why you want to participate in the Vermont Leadership Series.

Be honest, creative, and tell us what you really think!

if you would like help filling out this application, you may contact:					
	Green Mountain Self Advocates [GMSA]	(802) 229-2600			
	Vermont Family Network [VFN], Joanne Wechsler	(800) 800-4005			
★TII	P: Feel free to use additional paper if needed.				
1.	1. Why are you interested in participating in this leadership training?				
2.	Tell us about a challenge that you have faced in you with it?	our life and how you dealt			

3.	Tell us about a time when you spoke up for yourself or for others. What worked well? What challenges did you experience?
4.	Congratulations! It's 2017. You have just been chosen <i>Leader of the Year</i> by the Governor for speaking up for people with disabilities. a. As <i>Leader of the Year</i> , what are your hopes and dreams for your own future?
	b. What are your hopes and dreams for your community? (You can define "community" in any way that makes sense to you: For example, your family, your network of friends, your town).
	c. What are your hopes and dreams for the State of Vermont?

5. We can't have thought of every question. anything else you would like us to know a Leadership?	<u>-</u>
References:	
about your accomplishments and why you should ★TIP: Leadership graduates make great references!	, ,
about your accomplishments and why you should	
about your accomplishments and why you should ★TIP: Leadership graduates make great references! Name	d be chosen to participate.
about your accomplishments and why you should TIP: Leadership graduates make great references! Name 1.	Phone Number

understand you need to	at you have read the information that explains the Series, and participate in a group project and do homework f the training weekends these other activities will take about						
Check here to confirm that you will attend all 3 weekend trainings (December 3-4, 2016, January 7-8, 2017, and February 11-12, 2017.							
If you are planning to bring a staff member (direct support provider), please tell us the name of the person and their phone number!							
Name		Phone Number					
The fee for the Leadership Series is \$100. This fee only covers a small fraction of the cost of supporting your participation. If you are not able to pay this fee we can work with you to make another arrangement. □ I can pay the fee. □ I would like to talk with Leadership organizers about an alternative arrangement for the fee.							
Yours Signature		Date					
Mail the completed and signe nominate you for Leadership:	d application to the organization tha	at you would like to have					
Vermont Family Network c/o Joanne Wechsler 600 Blair Park Road, Ste 240 Williston, VT 05495	Green Mountain Self-Advocates c/o Karen Topper #2 Prospect Street Montpelier, VT 05602	VTDDC c/o Kirsten Murphy 322 Industrial Lane Berlin, VT 05633-0206					

★TIP! Mail your application a few days *before* the deadline of November 1, 2016 so that it arrives on time.





The Vermont Leadership Series is sponsored by the Vermont Family Network and the Vermont Developmental Disabilities Council, with support from Green Mountain Self-Advocates, the Vermont Department of Health, and the UVM Center on Disability & Community Inclusion.



